Approved for use through 8/30/2010. OMB 0851-0032
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| Onder the Faperv  | YORK REGUCTION ACT O   | 1995, no person         | s are required | to respond to a collect                         |                   |                              | iys a vallo c | JAID CONTO HUMBE   |  |
|---|------------------------|-------------------------|----------------|---|-------------------|------------------------------|---------------|--------------------|--|
| Effective on 09/30/2007   |                        |                         |                |   |                   | mplete if Known              |               |                    |  |
| Fees pursuant to the consolidated Appropriates Act. 2005 (H.R. 4818).  FEE TRANSMITTAL  for FY 2008   |                        |                         |                | Application Number                              | 10/679,749        |                              |               |                    |  |
|   |                        |                         |                | Filing Date                                     | October 6, 2003   |                              |               |                    |  |
|   |                        |                         |                | First Named Inventor                            | Geoffrey Flagstad |                              |               |                    |  |
|   |                        |                         |                | Examiner Name                                   | Michael Tor       | naszewski                    |               |                    |  |
| Applicant claims small entity status. See 37 CFR 1.27   |                        |                         |                | Art Unit  | 3626              |                              |               |                    |  |
| TOTAL AMOUNT OF PAYMENT (\$) 5.00   |                        |                         |                | Attorney Docket No.                             | 14969US01         |                              |               |                    |  |
| METHOD OF PAYMENT (check all that apply)  |                        |                         |                |   |                   |                              |               |                    |  |
| Credit Card Money Order None Other (please identify):   |                        |                         |                |   |                   |                              |               |                    |  |
| Deposit Account Deposit Account Number: 13-0017  Deposit Account Name: McAndrews Held & Malloy  |                        |                         |                |   |                   |                              |               |                    |  |
| For the above-identified deposit account, the Director is hereby authorized to (check all that apply)   |                        |                         |                |   |                   |                              |               |                    |  |
| Charge Fee(s) indicated below Charge Fee(s) indicated below, except for the filling fee   |                        |                         |                |   |                   |                              |               |                    |  |
| Charge any additional fee(s) or underpayments of fees(s) C Credit any overpayments under 37 CFR 1.16 and 1.17   |                        |                         |                |   |                   |                              |               |                    |  |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.  |                        |                         |                |   |                   |                              |               |                    |  |
| FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)  |                        |                         |                |   |                   |                              |               |                    |  |
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES   |                        |                         |                |   |                   |                              |               |                    |  |
| ,   |                        | ING FEES                |                | ARCH FEES                                       | EXAM              | INATION FEES<br>Small Entity |               |                    |  |
| Application T   | ype Fee (\$)           | Small Entity<br>Fee(\$) | Fee(\$)        | Small Entity<br>Fee(\$)                         | Fee(\$)           | Fee(\$)                      | <u>F</u>      | es Paid(\$)        |  |
| Utility   | 310                    | 155                     | 510            | 255   | 210               | 105                          |               |                    |  |
| Design  | 210                    | 105                     | 100            | 50  | 130               | 65                           |               |                    |  |
| Plant   | 210                    | 105                     | 310            | 155   | 160               | 80                           |               |                    |  |
| Relssue   | 310                    | 155                     | 510            | 255   | 620               | 310                          |               |                    |  |
| Provisional   | 210                    | 105                     | 0              | 0   | 0                 | 0                            |               |                    |  |
| 2. EXCESS CLAIM FEES  |                        |                         |                |   |                   |                              |               | Small Entity       |  |
| Fee Description Feb Each claim over 20 (including Reissues) 5   |                        |                         |                |   |                   |                              |               | Fee(\$)<br>25      |  |
| Each Independent claim over 3 (including Reissues)  21  |                        |                         |                |   |                   |                              |               | 105                |  |
|   |                        |                         |                |   |                   |                              |               | 185                |  |
| Total Claims  |                        | ra Claims               | Fee(\$)        | Fee Paid (\$)                                   |                   | Multiple D                   |               |                    |  |
|   | -20 or HP              | ×                       | 1              | =   | -                 | <u>Fee</u>                   | E             | ee Paid (\$)       |  |
| Indep, Claims   | nber of total claims   | r paid for, if grea     | Fee(S)         | Fee Paid (\$)                                   |                   |                              |               |                    |  |
| пиоргонино  | -3 or HP               | X                       | 100,07         | =   |                   |                              |               |                    |  |
| HP = highest number of independent claims paid for, if greater than 3   |                        |                         |                |   |                   |                              |               |                    |  |
| <ol> <li>APPLICATION SIZE FEE</li> <li>If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a) 1(30) and 37 CFR 1.16(a).</li> </ol> |                        |                         |                |   |                   |                              |               |                    |  |
| Total Sheets  | Extra St               | neets                   | Number of      | each additional 50                              | or fraction       | thereof Fee(                 | <u>\$)</u>    | Fee Paid(\$)       |  |
| 100 /50 (round up to a whole number) x =  |                        |                         |                |   |                   |                              |               |                    |  |
| 4. OTHER FEE(S) Fee Paid(\$)  |                        |                         |                |   |                   |                              |               |                    |  |
| Non-English Specification, \$130 fee (no small entity discount)   |                        |                         |                |   |                   |                              |               |                    |  |
| Other (e.g., late filing surcharge): Notice Of Appeal (previously paid \$250.00) 5.00   |                        |                         |                |   |                   |                              |               |                    |  |
| SUBMITTED BY AA / I/  |                        |                         |                |   |                   |                              |               |                    |  |
| Signature   | Horn                   | Whul                    | 1              | Registration No.<br>(Attorney/Agent)            | 28,7              | 766 Telepho                  | ne (          | 312) 775-8000      |  |
| Name (print/type)   | George Wheeler         | J U                     |                |   |                   | Date                         |               | 12/18/2007         |  |
| This collection of informa  | tion is required by 37 | CFR 1.136. The          | information is | required to obtain or re<br>37 CFR 1.14. This c | etain a benefit   | t by the public which        | is to file (a | nd by the USPTO to |  |

page-time of the page-time and submitting the completed application form to the USPTO. The will vary depending upon the advantage of initiation of the page-time, and submitting the completed application form to the USPTO. The will vary depending upon the submitted and the page-time of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Crisi Information Officer, U.S. Patient and Trademark Officer, U.S. Patient Officer, U.S